

**UNITED STATES BANKRUPTCY COURT  
SOUTHERN AND WESTERN DISTRICTS OF TEXAS  
HOUSTON DIVISION**

IN RE:

University General Health

System, Inc., et al.

DEBTOR

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CASE NO. 15-31086

CHAPTER 11

**CHAPTER 11 POST-CONFIRMATION REPORT  
FOR THE QUARTER ENDING SEPTEMBER 30, 2017**

1. ☒ AMENDED Quarterly or ☐ Final (check one)

2. **SUMMARY OF DISBURSEMENTS\*:**

A. Disbursements made under the plan (itemize on page 3)	\$ 0.00
B. Disbursements not under the plan	\$ 350,367.43
Total Disbursements	\$ 350,367.43

**\*ALL DISBURSEMENTS MADE BY THE REORGANIZED DEBTOR, UNDER THE PLAN OR OTHERWISE, MUST BE ACCOUNTED FOR AND REPORTED HEREIN FOR THE PURPOSE OF CALCULATING THE QUARTERLY FEES.**

3. Has the order confirming plan become final? ☒ Yes ☐ No
4. Are Plan payments being made as required under the Plan? ☒ Yes ☐ No
5. If "No", what Plan payments have not been made and why?

Please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. If plan payments have not yet begun, when will the first plan payment be made? \_\_\_\_\_ (Date)
7. What date did the reorganized debtor or successor of the debtor under the plan assume the business or management of the property treated under the plan? February 4, 2016 (Date)
8. Please describe any factors which may materially affect your ability to obtain a final decree at this time.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Complete the form for Plan Disbursements attached.

10. **CONSUMMATION OF PLAN:**

- A. If this is a final report, has an application for Final Decree been submitted\*?

☐ Yes Date application was submitted \_\_\_\_\_

☐ No Date when application will be submitted \_\_\_\_\_

\*(if required by Local Rule)

- B. Estimated Date of Final Payment Under Plan Undetermined

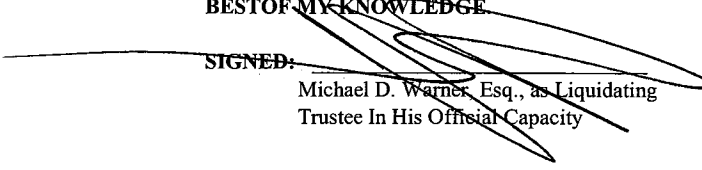
INITIALS \_\_\_\_\_

DATE \_\_\_\_\_

UST USE ONLY

**I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

SIGNED:

  
Michael D. Warner, Esq., as Liquidating  
Trustee In His Official Capacity

DATE:

April 5, 2018

IN RE: University General Health System, Inc.CASE NO. 15-31086

CASH RECEIPTS AND DISBURSEMENTS	CURRENT QUARTER	CONFIRMATION TO DATE
CASH-BEGINNING OF QUARTER	2,160,720.12	0.00
RECEIPTS	956,936.15	5,811,339.24
DISBURSEMENTS		
NET PAYROLL	0.00	0.00
PAYROLL TAXES PAID	0.00	0.00
SECURED/RENTAL/LEASES	0.00	0.00
UTILITIES	0.00	0.00
INSURANCE	0.00	394,892.84
INVENTORY PURCHASES	0.00	0.00
VEHICLE EXPENSES	0.00	0.00
TRAVEL & ENTERTAINMENT	0.00	0.00
REPAIRS, MAINTENANCE & SUPPLIES	0.00	0.00
ADMINISTRATIVE & SELLING	350,367.43	1,187,629.61
OTHER (attach list)	0.00	0.00
PLAN PAYMENTS (page 1 and page 3)	0.00	1,461,527.95
TOTAL DISBURSEMENTS (this figure should equal Total disbursements, Item 2, Summary of Disbursements)	350,367.43	3,044,050.40
NET CASH FLOW	606,568.72	2,767,288.84
CASH-END OF QUARTER	2,767,288.84	2,767,288.84

**CASH ACCOUNT RECONCILIATION FOR ALL FUNDS**  
**QUARTER ENDING SEPTEMBER 30, 2017**

	Month/Year JUL-2017	Month/Year AUG-2017	Month/Year SEP-2017	Total
Bank Balance	2,828,422.99	2,720,402.60	2,720,603.84	2,720,603.84
Deposit in Transit			51,685.00	51,685.00
Outstanding Checks	5,000.00	5,000.00	5,000.00	5,000.00
Adjusted Balance	2,823,422.99	2,715,402.60	2,767,288.84	2,767,288.84
Beginning Cash-Per Books	2,160,720.12	2,771,737.99	2,715,402.60	2,160,720.12
Receipts	630,177.87	274,872.04	51,886.24	956,936.15
Transfers Between Accounts				0.00
Checks/Other Disbursements	19,160.00	331,207.43	0.00	350,367.43
Ending Cash-Per Books	2,771,737.99	2,715,402.60	2,767,288.84	2,767,288.84

**STATEMENT OF CASH RECEIPTS AND DISBURSEMENTS**

	Month/Year JUL-2017	Month/Year AUG-2017	Month/Year SEP-2017	Total
Beginning Cash	2,160,720.12	2,771,737.99	2,715,402.60	
Total Receipts	630,177.87	274,872.04	51,886.24	956,936.15
Total Disbursements	19,160.00	331,207.43	0.00	350,367.43
Ending Cash	2,771,737.99	2,715,402.60	2,767,288.84	

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DEBTOR.

## PAYMENTS TO CREDITORS UNDER THE PLAN

			CURRENT QUARTER	CONFIRMATION TO DATE
CREDITOR	CLASS	NEXT PAYMENT DUE		
HARRIS COUNTY TAX	TAX		0.00	985,705.84
UPSHOT SOLUTIONS	ADM		0.00	37,710.97
BLUE CROSS/BLUE SHIELD	ADM		0.00	438,111.14
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
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			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
			0.00	0.00
TOTAL PLAN PAYMENTS: (report on page 1 and page 2)			0.00	1,461,527.95